

PROBABLE CAUSE AFFIDAVIT		FORM On View (PC Arrest) <input checked="" type="checkbox"/> Capias Request _____ Summons/Cited (NTA) _____ JUVENILE YES _____ NO <input checked="" type="checkbox"/>
PURPOSE Taken into Custody (Warrant/Capias Arrest) _____		AMENDED _____ Referral _____ Civil Citation _____
Arresting Agency ORI FL0050000	Arresting Agency Name BREVARD COUNTY SHERIFF'S OFFICE	Arresting Agency Case/Arrest Number 2025-00008823
FDLE (SID) Number	FBI Number	OBTS Number 0501479382
DOC Number	Transport Time	Jail Date / Time 01/09/2025 18:30
Jail Booking Number 2025-00000350	Booking Agency ORI FL0050000	
Location of Arrest (Include Name of Business) City 1270 N WICKHAM RD Melbourne FL 32934		Location of Offense (Business Name, Address) City 1270 N WICKHAM RD Melbourne FL 32934
Offense Date OR Date Range 01/09/2025	Arrest Date / Time 01/09/2025 15:46	Charge Type (Check as many as apply) Felony <input checked="" type="checkbox"/> Misdemeanor <input checked="" type="checkbox"/> Traffic _____ Ordinance _____ Evidence Confiscated (Check as many as apply) Vehicle _____ Firearm _____ Property _____
Name (Last, First, Middle) Carrion Michael J	Aliases and Type	Date of Birth Age Jacket Number 11/28/1990 34 342668
Race W-White	Ethnicity Non-Hispanic	Sex Male
Height 5' 9"	Weight 155	Eye Color Brown
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Hair Color Black
Local Address (Street, Apt Number) City, State, Zip HOMELESS	Phone/Type (include area code) (321)746-8506 Cellular Phone	Primary Language English <input checked="" type="checkbox"/> English _____
Permanent Address (Street, Apt. Number) or Parent's Name if Juvenile City, State, Zip 28.116527682 -80.637870376 Melbourne FL Melbourne	Phone/Type (include area code)	Complexion Tan
Business Address (Name, Street) or School if Juvenile City, State, Zip UNEMPLOYED	Phone/Type (include area code)	Build Average
Driver's License State / Number / Type FL/ G6001138559540	Social Security Number* [REDACTED]	INS Number
Place of Birth FL	Citizenship US	
Residence Type: City _____ County <input checked="" type="checkbox"/> Florida _____ Out of State _____	Mark All that Apply (Y, N, Unk) Homeless <input checked="" type="checkbox"/> Sex Offender <input checked="" type="checkbox"/> Gang Affiliation <input checked="" type="checkbox"/>	Suspected of Using (Y, N, Unk) Drugs <input checked="" type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Computer/Handheld Device <input checked="" type="checkbox"/>
PARENT Driver's License State / Number / Type	PARENT Social Security Number	Juvenile Civil Citation Not Referred Explanation
Juvenile Facility		
*Collection of social security numbers from an arrested individual is to verify identity and may be shared with other law enforcement agencies.		
PC <input checked="" type="checkbox"/> Capias _____ Warrant _____ Additional Charge _____	Date Issued	Writ Aff. _____ Domestic Violence _____ Order of Arrest _____
Charge Description Sex Offender - Fail to ReRegister every 6 mos	Counts 1	F.S. <input checked="" type="checkbox"/> Statute / Ordinance Number 943.0435.14a
Drug Activity	Drug Type	Amount / Unit
Bond Amount	Warrant / Citation / Court Number NO BOND	
The undersigned certifies and swears that he/she has just and reasonable grounds to believe and does believe that the above named Defendant committed the following violation of law		
On the 09 day of JANUARY, 2025 at 1546 AM <input checked="" type="checkbox"/> PM (Specifically include facts constituting cause for arrest)		
SEE SECOND PAGE		
Confidential Victim Information Included - YES _____ NO <input checked="" type="checkbox"/>		
In accordance with F.S. 938.27, I hereby request reimbursement of investigative costs consisting of _____ hrs @ \$ _____ per hr and/or _____ miles @ _____ per mile for a total of \$ _____		
Affidavit Attached: Yes _____ No _____ Continue for: Narrative _____ Charges _____		
NOTICE TO APPEAR	Mandatory Appearance in Court	Location (Court and Address) Division #
	Date: Month _____ Day _____ Year _____ Time _____ AM _____ PM	
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST OR A TAKE INTO CUSTODY ORDER SHALL BE ISSUED.	
Signature of Defendant / Juvenile	Signature of Juvenile's Parent/Custodian	Release to: (Name) Date Time
Hold for Other Agency Name:	Verified By:	Do Not Bond Out Reason
I swear/affirm the above and attached statements are true and correct <input checked="" type="checkbox"/> on 01/09/2025		Officer's/Complainant's Signature Electronically Signed
Sworn and Subscribed before me, the undersigned authority this _____ day of 01/09/2025	Notary Signature Electronically Signed	ID# 4020 Officer's/Complainant's Name (Printed) Justin Winstead
		Notary Name (Printed) Oxrieder, Travis Notary/Law Enforcement Officer in Performance of Official Duties. Personally Known <input checked="" type="checkbox"/> 10 _____

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AGENCY NAME: <u>BREVARD COUNTY SHERIFF'S OFFICE</u>	BREVARD COUNTY, FLORIDA	Arresting Agency Case Number 2025-00008823
Continuation Page <u>2</u> of <u>3</u>		

Defendant / Juvenile Name (Last, First, Middle) Carrion Michael J	OBTS Number 0501479382
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Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth/Age	Juvenile (Y or N)
Arrested <input type="checkbox"/> At Large <input type="checkbox"/> Cited <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>				
Co-Defendant Name (Last, First, Middle)				
Arrested <input type="checkbox"/> At Large <input type="checkbox"/> Cited <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/>				

CHARGE	PC <input checked="" type="checkbox"/> Capias <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge <input type="checkbox"/>	Date Issued	Writt Aff. <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Order of Arrest <input type="checkbox"/>
	Charge Description Sex Offender - Fail Report Transient Resid Every 30 Days	Counts 3	F.S. <input checked="" type="checkbox"/> Ord. <input type="checkbox"/>	Statute / Ordinance Number 943.0435.4b2	Reclassifier
	Drug Activity	Drug Type	Amount / Unit	Bond Amount NO BOND	Warrant / Citation / Court Number 3 X 0

CHARGE	PC <input checked="" type="checkbox"/> Capias <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge <input type="checkbox"/>	Date Issued	Writt Aff. <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Order of Arrest <input type="checkbox"/>
	Charge Description Resist Officer WO Viol	Counts 1	F.S. <input checked="" type="checkbox"/> Ord. <input type="checkbox"/>	Statute / Ordinance Number 843.02	Reclassifier
	Drug Activity	Drug Type	Amount / Unit	Bond Amount NO BOND	Warrant / Citation / Court Number

CHARGE	PC <input type="checkbox"/> Capias <input type="checkbox"/> Warrant <input type="checkbox"/> Additional Charge <input type="checkbox"/>	Date Issued	Writt Aff. <input type="checkbox"/>	Domestic Violence <input type="checkbox"/>	Order of Arrest <input type="checkbox"/>
	Charge Description	Counts	F.S. <input type="checkbox"/> Ord. <input type="checkbox"/>	Statute / Ordinance Number	Reclassifier
	Drug Activity	Drug Type	Amount / Unit	Bond Amount	Warrant / Citation / Court Number

VEHICLE	Year	Make	Model	VIN	Tag / Tag State	Primary Color	Secondary Color
* If Applicable, provide information related to the vehicle involved in the crime.							

*****CONTINUED*****

On the above date and time, I responded to 1270 North Wickham Road, Melbourne, Florida, 32935, in reference to a sex offender investigation.

Prior to my arrival, I was contacted by Officer Morris from Melbourne Police Department stating the defendant was living in the wooded area behind the above mentioned location.

It should be noted, the defendant is a registered sexual offender. He was convicted of Lewd or Lascivious Battery Victim 12 to 16 years of age.

The defendant conducted his initiation registration on 11/08/2018. Since then the defendant has conducted a total of eight registrations. His last registration was on 05/13/2024. The defendant was required to conduct another registration in November 2024, in which he did not report. The defendant is also transient, in which he is required to report every thirty days to the sheriff's office. The defendant last reported on August 12, 2024. He has not since reported for any transient check-ins. Therefore, the defendant failed to register during his required registration month of November 2024 and also failed to register every thirty days since September 11, 2024. At this time, the defendant has missed three transient check-ins.

At this time, Officer Morris and myself conducted a check of the wooded area, in which we located the defendant. I made contact with the defendant, in which I was wearing my agency issued badge and I also advised him I was with the sheriff's office. Officer Morris was also wearing her agency issued uniform. The defendant fled the area while speaking with him, in which Officer Morris and myself gave chase on foot. The defendant was apprehended at a later time and taken into custody.

Officer's/Complainant's Signature Electronically Signed	ID# 4020	Officer's/Complainant's Name (Printed) Justin Winstead
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AGENCY NAME: BREVARD COUNTY SHERIFF'S OFFICE BREVARD COUNTY, FLORIDA Arresting Agency Case Number
 Continuation Page 3 of 3 **2025-00008823**

Defendant / Juvenile Name (Last, First, Middle) **Carrion Michael J** OBTS Number **0501479382**

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth/Age Juvenile (Y or N)
 Arrested At Large Cited Felony Misdemeanor

PC Capias Warrant Additional Charge Date Issued Writ Aff. Domestic Violence Order of Arrest
 Charge Description Counts F.S. Statute / Ordinance Number Red Classifier
 Ord.
 Drug Activity Drug Type Amount / Unit Bond Amount Warrant / Citation / Court Number

PC Capias Warrant Additional Charge Date Issued Writ Aff. Domestic Violence Order of Arrest
 Charge Description Counts F.S. Statute / Ordinance Number Red Classifier
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PC Capias Warrant Additional Charge Date Issued Writ Aff. Domestic Violence Order of Arrest
 Charge Description Counts F.S. Statute / Ordinance Number Red Classifier
 Ord.
 Drug Activity Drug Type Amount / Unit Bond Amount Warrant / Citation / Court Number

VEHICLE Year Make Model VIN Tag / Tag State Primary Color Secondary Color
 * If Applicable, provide information related to the vehicle involved in the crime

****SEE CASE REPORT TO FOLLOW****

Officer's/Complainant's Signature **Electronically Signed** ID# **4020** Officer's/Complainant's Name (Printed) **Justin Winstead**